



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/01/2015

Business ID: 323049

William M. Gardner

Secretary of State

R. K. DICKEL TRANSPORTATION, LLC

65 BROOKSIDE DR , PO BOX 1084
CHARLESTOWN, NH 03603

ENTITY TYPE: LLC

BUSINESS ID: 323049

STATE OF DOMICILE: NEW HAMPSHIRE

OWN & OPERATE A TRUCKING AND HAULING SVC Hauling Freight
State to State

ADDRESS OF PRINCIPAL OFFICE:

65 BROOKSIDE DR , PO BOX 1084

CHARLESTOWN, NH 03603

REGISTERED AGENT AND OFFICE:

DICKEL, ROBERT K, JR

65 BROOKSIDE DR , PO BOX 1085

CHARLESTOWN, NH 03603

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Robert K Dickel Jr**
STREET **65 Brookside Dr**
Po Box 1084
CITY/STATE/ZIP **Charlestown Nh 03603**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Robert K Dickel Jr

Please print name and title of signer:

Robert K Dickel Jr

NAME

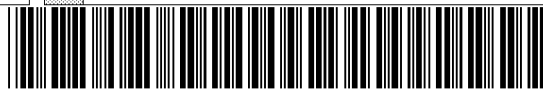
/

MANAGER

TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL):



032304920151000

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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